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| DECLARATION FOR UTILITY OR DESIGN                                 | Attorney Docket Number First Named Inventor | US 040143<br>Javier del Prado Pavon |  |  |  |
|---|---|-------------------------------------|--|--|--|
| PATENT APPLICATION  | COMPLETE IF KNOWN                           |                                     |  |  |  |
| (37 CFR 1.63)   | Application Number                          | 1                                   |  |  |  |
| ☑Declaration ☐Declaration Submitted OR Submitted after Initial    | Filing Date                                 |                                     |  |  |  |
| With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required) | Group Art Unit                              | · .                                 |  |  |  |
|   | Examiner Name                               |                                     |  |  |  |

| As a below named inventor, I hereby declare that:   |   |  |                    |                  |              |  |  |  |
|---|---|--|--------------------|------------------|--------------|--|--|--|
| My residence, post office address, and citizenship are as stated below next to my name.   |   |  |                    |                  |              |  |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  |   |  |                    |                  |              |  |  |  |
| SYSTEM AND METHOD TO ENABLE WUSB APPLICATIONS IN A DISTRIBUTED  UWB MAC   |   |  |                    |                  |              |  |  |  |
| the specification of which  |   | ne Invention) SYSTEM AND M<br>TIONS IN A DISTRIBUTED L |                    | BLE WUSB         |              |  |  |  |
| is attached hereto  |   |  |                    |                  |              |  |  |  |
| OR  |   |  |                    |                  |              |  |  |  |
| was filed on (MM/DD/  | ^^^^) [03/08/200  | 94 as United States Ap                                 | plication Number o | r PCT Internatio | nał          |  |  |  |
| Application Number 60/551,146 and was amended on (MM/OD/YYYY) (if applicable).  |   |  |                    |                  |              |  |  |  |
| I hereby state that I have review specifically referred to above.   | I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.  |  |                    |                  |              |  |  |  |
| applications, material informati  | I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. |  |                    |                  |              |  |  |  |
| It hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filling date before that of the application on which priority is claimed. |   |  |                    |                  |              |  |  |  |
| Prior Foreign Application   | 0   | Foreign Filling Date                                   | Priority           | Certified Co     | by Attached? |  |  |  |
| Number(s)   | Country   | (MM/DD/YYYY) Country                                   | Not Claimed        | YES              | NO           |  |  |  |
|   |   |  |                    |                  |              |  |  |  |
|   |   |  |                    |                  |              |  |  |  |
|   |   |  |                    |                  |              |  |  |  |
|   |   |  |                    |                  |              |  |  |  |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attended boroto  |   |  |                    |                  |              |  |  |  |

[Page 1 of 3]

## **DECLARATION** — Utility or Design Patent Application

| Direct all correspondence to:  |               | *24737*   |                   | OF        | ₹ [    | Correspondance address below   |  |
|--|---------------|-----------|-------------------|-----------|--------|--------------------------------|--|
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| Country  |               | Teleph    | one               |           | F      | ax                             |  |
| I hereby declare that all statements made herein of my own<br>believed to be true; and further that these statements were<br>punishable by fine or imprisonment, or both, under 18 U.S.<br>application or any patent issued thereon. | made with the | knowledge | that will         | ful false | statem | nents and the like so made are |  |
| NAME OF SOLE OR FIRST INVENTOR:  | ☐ A peti      | tion has  | been f            | iled fo   | r this | unsigned inventor              |  |
| Given Name Javier Family Name del Prado Pavon or Surname   |               |           |                   |           |        |                                |  |
| Inventor's Signature L 10/04/04  |               |           |                   |           |        | 10/04/04                       |  |
|  |               |           | USA               |           |        | ES                             |  |
| City: Ossining   | State NY      |           | Country           |           |        | Citizenship                    |  |
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| Malling Address  |               |           |                   |           |        |                                |  |
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| City Ossining  | State NY      |           | Zip 1             | 10562     |        | Country USA                    |  |
|  |               |           |                   |           |        |                                |  |
| NAME OF SECOND INVENTOR:     A p   | etition has   | been file | d for th          | is uns    | igned  | inventor                       |  |
| Given Name<br>(first and middle [if any]) Sai Shankar  |               |           | ily Nam<br>urname |           | andag  | opalan                         |  |
| Inventor's Signature & Pai Chark   | م. م          | )         |                   | Date      | ×      | 10/4/ou                        |  |
|  |               |           | USA               |           |        | IN                             |  |
| City: TARRYTON   | State NY      |           | Count             | try       |        | Citizenship                    |  |
| 177 WHITE PLAINS ROAD  |               |           |                   |           |        |                                |  |
| Mailing Address  |               |           |                   |           |        |                                |  |
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| City Tarrytown   | State NY      |           | Zip 1             | 0591      |        | Country USA                    |  |
| Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SR/02A attached hereto  |               |           |                   |           |        |                                |  |

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## **DECLARATION**

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>

| Name of Additional Joint Inventor, if any: | ☐ A petition has been filed for this unsigned inventor |                       |                           |             |                       |  |
|--|--|-----------------------|---------------------------|-------------|-----------------------|--|
| Given Name (first and middle               | a (if any))  | Family Name or Sumame |                           |             |                       |  |
| KIRAN COV .                                |  | C⊦                    | fallapali                 |             |                       |  |
| Inventor's<br>Signature                    |  | Date K 10/4/4         |                           |             |                       |  |
| Residence: City New City                   | NY<br>State  | Cou                   | USA<br>ntry               |             | IN<br>Citizenship     |  |
| Mailing Address 153 TRAILS END             |  |                       |                           |             |                       |  |
| Mailing Address                            |  |                       |                           |             |                       |  |
| City New City                              | State NY   | ZIP                   | 10956                     | Co          | USA                   |  |
| Name of Additional Joint Inventor, if any: |  | ۰۵                    | A petition has been filed | for t       | his unsigned inventor |  |
| Given Name (first and middle               | e [if any])  |                       | Fa                        | mily        | Name or Surname       |  |
| JOERG                                      |  | HA                    | ABETHA                    |             |                       |  |
| Inventor's<br>Signature                    |  |                       |                           |             | Date                  |  |
| Residence: City AACHEN                     | State  | Cour                  | ntry GERMANY              |             | Citizenship GERMANY   |  |
| Mailing Address PANNHAUSER WIN             | KEL 14   |                       |                           |             |                       |  |
| Mailing Address                            |  |                       |                           |             |                       |  |
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| Name of Additional Joint Inventor, if any: |  |                       | A petition has been filed | for         | his unsigned inventor |  |
| Given Name (first and middle               | e [if any])  |                       | Family Name or Surname    |             |                       |  |
|  |  |                       |                           |             |                       |  |
| Inventor's Signature Date                  |  |                       |                           |             |                       |  |
| Residence: City                            | State Country  |                       |                           | Citizenship |                       |  |
| Mailing Address                            |  |                       |                           |             |                       |  |
| Malling Address                            |  |                       |                           |             |                       |  |
| City                                       | State Zip Country                                      |                       |                           |             |                       |  |

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|   | Examiner Name                               |                                     |  |  |  |

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|---|---|--|--------------------|------------------|--------------|--|--|--|
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| Prior Foreign Application   | 0   | Foreign Filling Date                                   | Priority           | Certified Co     | by Attached? |  |  |  |
| Number(s)   | Country   | (MM/DD/YYYY) Country                                   | Not Claimed        | YES              | NO           |  |  |  |
|   |   |  |                    |                  |              |  |  |  |
|   |   |  |                    |                  |              |  |  |  |
|   |   |  |                    |                  |              |  |  |  |
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# **DECLARATION** — Utility or Design Patent Application

| Direct all correspondence to: Customer Numbor Bar Code Lab   |                  | *24737*              |                   | OR          | ٥             | Correspondance address below  |  |
|--|------------------|----------------------|-------------------|-------------|---------------|-------------------------------|--|
| Philips Electronics North America Corporation  |                  |                      |                   |             |               |                               |  |
| P.O. BOX 3001  |                  |                      |                   |             |               | 1,0°1,4,0°1                   |  |
| Address  |                  |                      |                   |             |               |                               |  |
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| U.S.A.   |                  | (914) 945-6000 (914) |                   |             | 914) 332-0615 |                               |  |
| Country  |                  | Teleph               | one               |             | F             | ax                            |  |
| I hereby declare that all statements made herein of my own<br>believed to be true; and further that these statements were<br>punishable by fine or imprisonment, or both, under 18 U.S.<br>application or any patent issued thereon. | made with the ki | nowledge             | that will         | ful false s | tatem         | ents and the like so made are |  |
| NAME OF SOLE OR FIRST INVENTOR:  | A petiti         | on has               | been f            | iled for    | this ı        | unsigned inventor             |  |
| Given Name Javier (first and middle [if any])  |                  | Fami                 | ily Nam<br>urname | e del       |               | do Pavon                      |  |
| Inventor's Signature Date  |                  |                      |                   |             |               |                               |  |
| City: Ossining   | Di-ta NIV        |                      | USA               |             |               | ES                            |  |
| 444 COUTH BIOULAND AVENUE ADT T  | State NY         |                      | Count             | try         |               | Citizenship                   |  |
| 111 SOUTH HIGHLAND AVENEU, APT. 7 Mailing Address  |                  |                      |                   |             |               |                               |  |
|  |                  |                      |                   |             | $\overline{}$ |                               |  |
| City Ossining  | State NY         |                      | Zip 1             | 0562        | 1             | Country USA                   |  |
|  |                  | £1                   |                   |             | <u>_</u>      |                               |  |
| NAME OF SECOND INVENTOR:   A p   | petition has be  | en file              | d for tn          | is unsig    | jned          | inventor                      |  |
| Given Name<br>(first and middle [if any]) Sai Shankar  |                  |                      | ily Nam<br>urname |             | ndago         | opalan                        |  |
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| City: TARRYTON   | State NY         |                      | Country           |             |               | Citizenship                   |  |
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| City Tarrytown   | State NY         |                      | Zip 1             | 0591        |               | Country USA                   |  |
| Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.   |                  |                      |                   |             |               |                               |  |

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| Name of Additional Joint Inventor, if any: | ☐ A petition has been filed for this unsigned inventor |     |                           |                |                       |  |
|--|--|-----|---------------------------|----------------|-----------------------|--|
| Given Name (first and mide                 | [if any]) Family Name or Surname                       |     |                           |                |                       |  |
| KIRAN                                      |  | CI  | HALLAPALI                 |                |                       |  |
| Inventor's<br>Signature                    |  |     |                           | Date           |                       |  |
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| Name of Additional Joint Inventor, if any  |  |     | A petition has been filed | for t          | his unsigned inventor |  |
| Given Name (first and midd                 | lle (if any))  |     | Fa                        | mily           | Name or Sumame        |  |
| JOERG                                      |  | H/  | ABETHA                    |                |                       |  |
| Inventor's Signature / //                  | <b>&gt;</b>  |     |                           | Date 01/28/00/ |                       |  |
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| Given Name (first and midd                 | le [if any])   |     | Fa                        | mily           | nily Name or Surname  |  |
|  |  |     |                           |                |                       |  |
| Inventor's Signature Date                  |  |     |                           |                |                       |  |
| Residence: City                            | State Country  |     |                           | Citizenship    |                       |  |
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| City                                       | State Zip Country                                      |     |                           |                |                       |  |